

# AFN CLOSED FORMULARY LIST

CompcareBlue<sup>SM</sup>

## *Aurora Family Network (AFN) CLOSED FORMULARY LIST*

**October - December 2005**



**CompcareBlue**  
Compcare Health Services  
Insurance Corporation



FOR ENROLLEES OF  
THE COMPCAREBLUE  
DRUG CARD PLAN

[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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***This list is not all inclusive of drug classes or products,  
and may be subject to change upon review  
of new products or information.***

## INTRODUCTION

### How to read this formulary:

1st Tier  
**Green/Bold**

2nd Tier  
**Blue/Plain Type**

### SUMMARY OF TERMS

**Copay:** A fixed amount the patient pays for the prescription.

**Coinsurance:** The percentage of the charges that the patient must pay for the prescription.

**NTI (Narrow Therapeutic Index):** Drugs with a narrow range of safety, where use of generic drugs is not mandatory.

**Dose Optimization (DO):** Drugs for which a single dose of higher strength medication replaces multiple doses of lower strength medication.

**Dual Source Product:** A single chemical entity made into two brand name drugs by two different manufacturers.

**Prior Authorization (PA):** Drugs for which the plan requires additional information before considering coverage.

**Quantity Limit (QL):** Drugs for which some or all dosage forms are covered in limited quantities or duration.

**Step Care (SC):** Drugs for which coverage is allowed after other agents have been tried first.

### STANDARD PARAMETERS

1. **Any and all prescriptions are subject to "medical necessity" and "experimental/investigational" determinations. Any and all prescriptions are subject to appropriateness guidelines as determined by Pharmacy Services.**
2. A licensed pharmacy must be used; physician dispensed drugs are not reimbursed on the drug card.
3. Paper claims must be submitted within 90-days from the service date and are reimbursed at discounted rates.
4. Most chronically used prescriptions will be dispensed in certain amounts (e.g., a 30-day supply). Please refer to your benefit handbook for supply limits; select maintenance drugs may be allowed in 90-day supplies.
5. Injectable drugs (those intended for self-administration) and all prescriptions exceeding select dollar limits may need to be authorized by the plan
6. Physician office-based injection claims, including but not limited to Depo Lupron, Depo Provera, Norplant,

Synvisc, Hyaluronic acid derivatives, and Synagis, should be billed as medical benefits.

7. Medical review and/or Pharmacy Services review may be required for certain agents; contact the plan for a current list.
8. Fertility, anti-obesity, and smoking cessation agents are employer-specific benefits.
9. Diabetic supplies (test strips, lancets, syringes) are covered on the drug card, unless noted otherwise on the employer contract.
10. Compounded prescriptions are covered with limitations. Those containing DHEA, natural estrogen or progesterone, L-tryptophan, 5 HT, levodopa, or nystatin are not covered.
11. Over-the-counter (OTC) products are covered only where dictated by employer.
12. Rx products with OTC equivalents are not covered.

### USE OF GENERIC DRUGS

Patients will pay the least out-of-pocket for generic drugs. Where permitted by law and/or upon request, a pharmacist may dispense a generic version of the drug prescribed. In most cases, if the patient chooses a brand name drug where an equivalent generic is available, the plan may ask him/her to pay the cost difference.

### NON-FORMULARY MEDICATIONS

Medications not listed below are considered non-formulary. Non-formulary medications are not covered under your benefit plan. If your physician feels a non-formulary medication is the best medication for you in your current situation, he/she may request consideration for coverage. Your physician will be asked to submit patient and medication specific information to the plan. Your physician may call the plan with questions.

### DISPENSING OR COVERAGE LIMITS

Some drugs do not work better, or may even be dangerous, at doses higher than those recognized as normal limits. Agents with a quantity limit (**QL**) are noted as such.

The pharmacy plan may prefer the use of one of the drugs within the pair of comparable *dual source* products.

Based on current clinical information, criteria for appropriate use have been developed for drugs included in the Prior Authorization (**PA**) program. Before PA drugs

**Green/Bold** = Generic/1st Tier

**Blue/Plain Type** = Brand Name/2nd Tier (Member may be asked to pay difference on brand drug if generic available.)

## DISPENSING OR COVERAGE LIMITS

(continued)

can be considered for coverage, the healthcare provider may need to provide additional information. Use outside of current and established standards of care may be considered investigational and not covered.

Similarly, some drugs are best used after other effective, and usually less expensive, drugs have been tried first (first-line therapy). These agents are noted as Step Care (SC) products. When a prescription for a SC product is presented to the dispensing pharmacy, the online claims processor will search past claims for first-line therapy. The claim will be settled automatically if a first-line therapy is found. If a first-line therapy is not found, your pharmacist should call either the plan or your physician to discuss alternative prescription options.

Finally, a small number of drugs may be limited to use in certain age or gender groups. Please contact the plan to determine if a prescription is subject to this restriction.

This formulary list is subject to the terms of an enrollee's policy/contract. Please refer to your policy for specific benefit and exclusion information.

## ANTI-INFECTIVE AGENTS

### ANTIBIOTICS

#### Cephalosporins

**Cefaclor** QL  
**Cefadroxil** QL  
**Cefpodoximine** QL  
**Cefuroxime** QL  
**Cephalexin**  
**Cephradine** (Velosef)  
**Cefzil** QL  
**Omnicef** QL  
**Suprax** QL

#### Macrolides

**Clarithromycin** QL  
**Erythromycin**  
**Erythromycin/Sulfisoxazole**  
**Biaxin XL** QL  
**Zithromax/Zmax** QL

#### Penicillins

**Amoxicillin**  
**Amoxicillin/Clavulanate** (Augmentin XR/ES) QL  
**Ampicillin**  
**Dicloxacillin**  
**Penicillin**

#### Quinolones

**Ciprofloxacin** QL  
**Ofloxacin** QL  
**Levaquin** QL

#### Sulfonamides

**Sulfisoxazole** (Gantrisin)  
**TMP-SMX/DS**

#### Tetracyclines

**Doxycycline** QL  
**Minocycline** QL  
**Tetracycline**

### ANTIFUNGAL AGENTS

**Clotrimazole**  
**Fluconazole** QL  
**Griseofulvin**  
**Itraconazole** QL  
**Ketoconazole**  
**Nystatin**  
**Lamisil** PA  
**Vfend** PA

### OTHER ANTI-INFECTIVES

**Clindamycin** QL  
**Metronidazole**  
**Nitrofurantoin** QL  
**Zyvox** PA QL

## ANTIVIRAL AGENTS

**Acyclovir**  
**Amantadine**  
**Ribivirin** PA  
**Copegus** PA  
**Epivir-HB**  
**Hepsera**  
**Intron-A**  
**Peg-Intron** PA  
**Roferon-A**  
**Valcyte**  
**Valtrex** QL

## AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS

### ALZHEIMER AGENTS

**Aricept**  
**Exelon**  
**Namenda**  
**Razadyne**

### ANALGESICS, NARCOTIC

**APAP/Caffeine/Butalbital/Codeine** QL  
**APAP/Codeine** QL  
**ASA/Caffeine/Butalbital/Codeine**  
**Codeine**  
**Fentanyl** QL  
**Hydrocodone/APAP** QL  
**Hydrocodone/Ibuprofen** QL  
**Hydromorphone**  
**Meperidine**

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Methadone  
Morphine QL  
Oxycodone/APAP QL  
Oxycodone/ASA  
Oxycodone QL  
Propoxyphene  
Propoxyphene N/APAP QL

#### ANALGESICS, NON-NARCOTIC

APAP/Isometheptene/Dichlphen  
Ergotamine/Caffeine  
Tramadol QL  
Depakote ER  
Imitrex QL  
Maxalt/-MLT QL  
Zomig/-ZMT QL

#### ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY

Diclofenac  
Etodolac/-SR  
Flurbiprofen  
Ibuprofen  
Indomethacin/-SR  
Ketoprofen  
Ketorolac QL  
Naproxen  
Naproxen  
Nabumetone  
Oxaprozin  
Piroxicam  
Sulindac  
Tolmetin

#### ANALGESICS, SALICYLATES

Choline Mg Trisalicylate  
Diflunisal  
Salsalate

#### ANTICONVULSANTS

**NTI:** Carbamazepine (Tegretol/-XR)  
Clonazepam  
Ethosuximide  
Gabapentin  
Phenobarbital  
**NTI:** Phenytoin (Dilantin)  
Primidone  
**NTI:** Valproic Acid (Depakene)  
**NTI:** Depakote/-ER  
Diastat  
Kepprah  
Gabitril  
Lamictal  
Topamax  
Trileptal  
Zonegran

#### ANTIPARKINSON AGENTS

Amantadine  
Benzotropine  
Bromocriptine  
Carbidopa/l-dopa  
Pergolide  
Selegiline  
Trihexyphenidyl  
COMTan  
Mirapex  
Requip  
Tasmar

#### CEREBRAL STIMULANTS

Amphet Asp/Amphet/D-Amphet (Adderall XR)  
Dextroamphetamine  
Methylphenidate/SR (Concerta)

#### MULTIPLE SCLEROSIS AGENTS

Avonex  
Betaseron  
Copaxone  
Rebif

#### PSYCHOTHERAPEUTIC AGENTS

Antidepressants  
Amitriptyline  
Bupropion/-SR (Wellbutrin XL) QL  
Citalpram  
Desipramine  
Doxepin  
Fluoxetine QL  
Fluvoxamine  
Imipramine  
Mirtazipine  
Nefazodone  
Nortriptyline  
Paroxetine (Paxil CR) QL DO  
Trazodone  
Effexor/-XR DO  
Lexapro QL DO  
Nardil  
Parnate  
Zoloft QL DO

#### Antipsychotics Conventional Agents

Chlorpromazine  
Fluphenazine  
Haloperidol  
Perphenazine  
Prochlorperazine  
Thioridazine  
Thiothixene  
Trifluoperazine  
Moban  
Orap

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## Antipsychotics Atypical Agents

Clozapine

Abilify

Risperal

Seroquel

Zyprexa

## Sedatives, Hypnotics and Anti-Anxiety

Alprazolam

Buspirone

Chlordiazepoxide

Clorazepate

Diazepam

Flurazepam

Lorazepam

Meprobamate

Oxazepam

Temazepam

Triazolam

## CARDIOVASCULAR AGENTS

### ALDOSTERONE AGENTS

Spironolactone

Inspira

### ALPHA BLOCKERS

Clonidine (Catapres-TTS)

Doxazosin

Prazosin

Terazosin

Dibenzylamine

Isemlin

### ANGIOTENSIN CONVERTING ENZYME INHIBITORS AND RECEPTOR BLOCKERS (ACE INHIBITORS)

Benazepril/HCTZ

Captopril/HCTZ

Enalapril/HCTZ

Fosinopril/HCTZ

Lisinopril/HCTZ

Moexipril DO

Quinipril/HCTZ

Altace DO

Cozaar/Hyzaar DO

Diovan/HCT DO

Lotrel

### ANTIARRHYTHMICS

**NTI:** Amiodarone (Pacerone, Cordarone)

**NTI:** Digoxin (Lanoxin)

Disopyramide

Flecainide

Mexiletine

Procainamide

Propafenone

Quinidine Gluconate/-SR

Sotalol/-AF

Tonocard

## ANTICOAGULANTS/ANTITHROMBOTICS

Anagrelide

Cilostazol

Dipyridamole

Heparin >5000 units

Pentoxifylline

Ticlopidine

**NTI:** Warfarin, Jantoven (Coumadin)

Arixta

Fragmin

Innohep

Lovenox

Plavix

## ANTILIPEMICS

Cholestyramine

Gemfibrozil

Lovastatin QL

Niacin (Niaspan)

Colestid

Lipitor QL

Tricor

Zetia SC PA

Zocor QL

## BETA-ADRENERGIC BLOCKERS

Atenolol/Chlorthalidone

Bisoprolol/-HCTZ

Labetalol

Metoprolol/-HCTZ (Toprol XL)

Nadolol

Pindolol (Visken)

Propranolol/-SR/-HCTZ (Inderal LA)

Sotalol/-AF

Timolol

Coreg

## CALCIUM CHANNEL BLOCKERS

Diltiazem

Felodipine (Plendil)

Nifedipine, SR

Verapamil, SR (Verelan PM) DO

Dynacirc/CR DO

Lotrel

Nimotop

Norvasc DO

Sular DO

Vascor

## PULMONARY HYPERTENSION

Tracleer

## DERMATOLOGICALS

### ACNE

Clindamycin QL

Clindamycin/Benzoyl Peroxide QL

Erythromycin QL

Erythromycin/Benzoyl Peroxide

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Isotretinoin PA  
Minocycline  
Tretinoin SC QL (PA>35 yo)  
Differin SC QL (PA>35yo)  
Metrogel/Metrocream/Metro lotion QL  
Tazorac QL SC

#### TOPICAL ANTI-INFLAMMATORY AGENTS

##### Low Potency

Desonide QL  
Fluocinolone QL  
Hydrocortisone QL

##### Medium Potency

Acclometasone QL  
Desoximetasone QL  
Fluticasone QL  
Mometasone QL  
Triamcinolone QL

##### High Potency

Amcinonide QL  
Betamethasone QL  
Fluocinonide QL

##### Ultra-High Potency

Augmented Betamethasone QL  
Clobetasol QL  
Diflorasone QL  
Halobetasol QL

#### VAGINAL/RECTAL PREPARATIONS

Hydrocortisone Supp  
Nystatin QL  
Sulfathiaz/Sulfacet/Sulfabenz QL  
Canasa, Rowasa QL  
Cleocin QL  
Proctocort Supp QL  
Metrogel-Vaginal QL

#### MISCELLANEOUS DERMATOLOGICALS

Silver Sulfadiazine QL  
Aldara QL  
Bactroban QL  
Condylox QL  
Dovonex QL  
Eurax  
Exsel QL  
Fluoroplex, Efudex QL  
Oxsoralen  
Oxistat QL  
Soriatane  
Zovirax

## ENDOCRINE AGENTS

#### ANTIDIABETIC AGENTS

Chlorpropamide

Glimepiride  
Glipizide/-XR  
Glyburide/Metformin  
Glyburide/Micronized  
Metformin/-XR  
Tolazamide  
Tolbutamide  
Actos QL  
Actos PLUS MET QL  
Avandamet QL  
Avandia QL  
Glyset  
Metaglip  
Novolin/Humulin N/R/L, NovoLog/Mix 70/30, Humalog,  
Humulin U/- 70/30,-50/50/-75/25, Lantus QL  
Prandin  
Precose  
Starlix

#### GLUCOSE, BLOOD TEST STRIPS

Accu-Check and OneTouch are the only test strips included on formulary. Subject to quantity limits.

Accu-Check by Roche Diagnostics includes the following product line:

- Active
- Complete
- Compact
- Instant
- Advantage
- Comfort Curve
- Easy
- Simplicity

OneTouch by LifeScan, a J&J Company includes the following product line:

- Basic
- Profile
- Ultra
- FastTake
- SureStep
- UltraSmart

#### OTHER ENDOCRINE

Cytadren  
Dostinex  
Eligard  
Genotropin/Nutropin PA  
Synarel

## GASTROINTESTINAL AGENTS

#### ANTIDIARRHEALS

Diphenoxylate/Atropine

#### ANTIEMETIC/ANTIVERTIGO

Meclizine  
Metoclopramide  
Prochlorperazine  
Promethazine  
Trimethobenzamide  
Emend QL  
Kytril QL  
Marinol  
Transderm-Scop QL  
Zofran/-ODT QL

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## ANTIULCER

**Cimetidine**  
**Famotidine**  
**Nizatidine**  
**Omeprazole** QL  
**Ranitidine**  
**Sucralfate**  
**Prevacid** QL  
**Prevac**  
**Protonix** QL

## MISCELLANEOUS GI AGENTS

**Amylase/Lipase/Protease** (Creon/Ultrase/-MT)  
**Dicyclomine**  
**Hyoscyamine**  
**Sulfasalazine**  
**Ursodiol**  
Asacol, Pentasa, Rowasa  
Dipentum

## HIV AGENTS

All oral FDA-approved HIV agents are included in the CompcareBlue formularies.

## HORMONES

### ANDROGENS

**Danazol**  
Androderm/Testoderm QL

### ANTIANDROGENS

Casodex  
Eulexin  
Nilandron

### ANTIESTROGENS

**Tamoxifen**  
**Arimidex**  
**Evista** QL

### ESTROGENS

**Estradiol**  
**Estrogens, Esterified** (Menest)  
**Estropipate**  
**Ethinyl Estradiol**  
Cenestin  
Climara QL  
Estrace, Vagifem  
Estraderm QL  
Estring QL  
Premarin/-Vag Cream  
Vivelle/-DOT QL

### ESTROGEN COMBINATIONS

Activella  
Estrate H.S.

Femhrt  
Prefest  
Premarin with M-test  
Prempro/ -Low Dose/Premphase

## PROGESTINS

**Medroxyprogesterone**  
**Megestrol**  
Crinone Gel  
Prometrium

## IMMUNOSUPPRESSIVE AGENTS

All FDA-approved immunosuppressive agents are eligible for coverage under the prescription drug benefits.

## NASAL PREPARATIONS

**Flunisolide** QL  
**Ipratropium** QL  
Astelin QL  
Flonase QL  
Nasonex QL

## OPHTHALMICS

### ANTI-ALLERGIC AGENTS

**Cromolyn Sodium** QL  
Patanol QL  
Zaditor QL

### ANTI-GLAUCOMA AGENTS

**Betaxolol** (Betoptic-S) QL  
**Brimonidine** (Alphagan-P) QL  
**Dipivefrin Generics** QL  
**Levobunolol** QL  
**Pilocarpine Generics** QL  
**Timolol** (Timoptic-XE) QL  
Azopt QL  
Cosopt QL  
Lumigan QL  
Trusopt QL  
Xalatan QL

### ANTI-INFECTIVE AGENTS

Many anti-infectives are available generically.  
**Ciprofloxacin** QL  
**Neomycin/Bacitracin/Polymixin B/HC** QL  
**Neomycin/Polymixin B/Dexamethasone** QL  
**Ofloxacin** QL  
**Polymixin B/Trimethoprim** QL  
**Polymixin B/Bacitricin** QL  
Vigamox QL

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## ORAL AND OTHER CONTRACEPTIVES

Many oral contraceptives are available generically and are included on the formulary.

Oral contraceptives on the formulary include the following:

### Monophasics

Apri  
Aviane, Lessina  
Cryselle, Low-Ogestrel  
Levora, Portia  
Microgestin/FE, Junel FE  
Monessa, Sprintec  
Necon  
Ogestrel  
Zovia  
Seasonale  
Yasmin

### Biphasics

Kariva  
Necon 10/11

### Triphasics

Enpresse, Trivora  
Necon 7/7/7  
Trinessa, Tri-Sprintec  
Cyclessa  
Estrstep FE

### Progestin Only

Camila, Errin, Nor-QD

### Other Contraceptive Drug Technologies

NuvaRing Vaginal Ring QL  
Ortho-Evra Patch QL

## RESPIRATORY AGENTS

### ANTI-ASTHMATIC AGENTS

Corticosteroids  
Methylprednisolone  
Prednisone  
Advair QL  
Azmacort QL  
Flovent/HFA QL  
Pulmicort QL  
Pediapred  
Qvar QL

### Sympathomimetics

Albuterol, Oral-ER  
Albuterol/-HFA, Oral, MDI, Soln QL  
Metaproterenol Soln QL  
Advair QL

Alupent MDI QL  
Combivent QL  
DuoNeb  
Foradil QL  
Serevent/Diskus QL

### Xanthine Derivatives

NTI: Theophylline  
NTI: Theophylline (Theo-24, Uniphyll)

### OTHER AGENTS

Cromolyn Soln QL  
Ipratropium Soln QL  
Atrovent QL  
Intal MDI QL  
Pulmozyme  
Singular QL PA  
Spiriva QL  
Tilade QL

### ANTI-HISTAMINES/DECONGESTANTS

Carbinoxamine/PSE  
Cyproheptadine  
Hydroxyzine  
Promethazine  
Astelin QL

## SKELETAL AGENTS

### ANTIRHEUMATICS

Azathioprine  
Hydroxychloroquine  
Leflunomide  
Methotrexate  
Sulfasalazine  
Humira QL PA  
Ridaura

### BONE ENHANCING AGENTS

Calcitonin-Salmon (Miacalcin Injection) QL  
Actonel QL  
Evista QL  
Forteo QL PA  
Fosamax QL  
Miacalcin Spray QL

## SKELETAL MUSCLE RELAXANTS

Baclofen  
Carisoprodol/-ASA  
Chlorzoxazone  
Cyclobenzaprine  
Diazepam  
Methocarbamol/-ASA  
Tizanidine  
Dantrium

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Gleevec  
 Glucagon  
 Methergine  
 MUSE QL  
 Sensipar

## THYROID AND ANTITHYROID AGENTS

### ANTITHYROID

Propylthiouracil  
 Methimazole

### THYROID

**NTI:** Levothyroxine (Levothroid, Levoxyl,  
 Synthroid, Unithroid)

Thyroid  
 Cytomel  
 Thyrolar

## URINARY AGENTS

### BPH AGENTS

Avodart PA males<50yo  
 Flomax  
 Proscar PA males<50yo

### CHOLINERGIC AGENTS

Bethanechol  
 Flavoxate

### OTHER URINARY AGENTS

Oxybutynin  
 Phenazopyridine  
 Detrol/-LA  
 Oxytrol

## VITAMINS, BLOOD MODIFIERS

### BLOOD MODIFIERS

Aranesp SC PA  
 Neupogen  
 Neulasta QL  
 Procrit

### VITAMINS AND SUPPLEMENTS

Most multivitamins, iron, folate supplements are eligible for coverage. Prenatal vitamins covered for women under age 45.

## MISCELLANEOUS AGENTS

Pyridostigmine  
 Tamoxifen  
 Yohimbine  
 Caverject, Edex QL

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